



Northern California Training Academy

Predictors and Outcomes of Long Term Foster Care

▪ *A Literature Review*



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Executive Summary

Purpose of this Review

Child welfare services (CWS) are designed to ensure children's safety, well-being and permanence. Though a key focus of CWS is to achieve these goals through stable and secure placements, many foster youth's lives continue to be in flux. This flux is evident in long term placement in foster care without permanent options such as reunification or adoption. The purpose of this literature review is to examine issues surrounding long term foster care. In particular, two aspects are explored. First, predictive factors that contribute to longer placements in foster care are identified. Factors at the level of the child, family and contextual factors are included. Second, outcome variables that are affected by the experience of long term foster care are explored. In regard to the latter, challenges facing adolescents that "age out" of the foster care system are included because this is an issue that is increasingly problematic for the child welfare system. Finally, suggestions for shortening foster care experience and minimizing its negative after effects are considered.

Method

Literature was reviewed and acquired using the following search databases: Academic Search Premier, PsychINFO and PsycARTICLES. Additionally, in using the World Wide Web, primarily Google, the following Child Welfare Research and Policy Organization websites were searched: Child Welfare Research Center (CWRC) (<http://cssr.berkeley.edu>), Child Welfare Information Gateway (www.childwelfare.gov), and American Humane Association (www.americanhumane.org). These databases were selected to locate peer-reviewed literature. The following search terms were used:

foster care, long term, predictors and outcomes. Additionally, an iterative process was used in that the results or discussions from one search were used for further searches based on additional references or key words.

Recommendations

Given evidence suggesting that long term foster care is predicted by a number factors related to the child, the family and the context of placement, concurrent permanency planning involving both reunification and adoption efforts is recommended. Policies and strategies designed to decrease the impact of negative effects of long term foster care on developmental outcomes are listed below:

- 1) Family Finding
- 2) Involvement of Older Youths in Permanency Planning
- 3) Reintegration Services
- 4) Independent Living Skills Training

Purpose of this Review

Child welfare services (CWS) are designed to ensure children's safety, well-being and permanence. Though a key goal of CWS is to achieve these goals through stable and secure placements, many foster youth's lives continue to be in flux. This flux is evident in long term placement in foster care without permanent options such as reunification or adoption. The purpose of this literature review is to examine issues surrounding long term foster care. In particular, two aspects are explored. First, predictive factors that contribute to longer placements in foster care are identified. Factors at the level of the child, family and contextual factors are included. Second, outcome variables that are affected by the experience of long term foster care are explored. In regard to the latter, challenges facing adolescents that "age out" of the foster care system are included because this is an issue that is increasingly problematic for the child welfare system. Finally, suggestions for shortening foster care experience and minimizing its negative after effects are considered.

Introduction

Permanency planning has become a standard component of the American child welfare system in recent decades. With the passage of the Adoption and Safe Families Act of 1997 (ASFA, Public Law 105-89), increased attention has been paid to the timeline involved in children waiting to achieve permanency. The ASFA emphasizes a timely conclusion to foster care cases, through either reunification or adoption, without sacrificing the health and safety of the child. Fundamental to the ASFA is a belief that foster care does not provide a sense of stability and interferes with the youth's ability to form stable and lasting relationships with others. These stable relationships serve to give the child a sense of dedicated advocacy and concern for his/her long term well-being (Bronfenbrenner, 1979).

Concern for the negative effects of long term foster care is warranted. Empirical evidence suggests that children in foster care are of special concern because they are a particularly vulnerable population at high risk for behavioral problems (Early & Mooney, 2002). Children in foster care are also more likely to experience setbacks in education because of placement transfers, more likely to be in special education and less likely to attend college than youth not in foster care (Blome, 1997). Empirical evidence suggests that only 30 to 50 percent of youths in foster care finish high school before leaving CWS (McMillen & Tucker, 1998; Scannapieco, Schagrin, & Scannapieco, 1995). Furthermore, children experiencing lengthy and multiple placements in foster care are more likely to engage in delinquency and thus become involved with the criminal justice system (Lewis et al., 2007). Lengthy stays in foster care also have policy implications. For example, foster care becomes more expensive over length of stay (Barth, 1997; Proch & Taber, 1985). Also, the longer a child is in out-of-home care, the

less likely reunification becomes resulting in longer stays in foster care with an increased probability for multiple placements (Kimberlain et al., 2009).

Difficulties in Achieving Permanency. Despite its mandate, evidence suggests that the ASFA has not affected time spent in foster care. Prior to the passage of the ASFA, average time spent in foster care was just under 24 months. As of 2005, this time had increased to 28 months (AFCARS, 2005) with approximately 37% of children in foster care experiencing stays of 2 years or longer (USDHHS, 2006). Though reunification with the family of origin is a desired goal of the Child Welfare System (CWS) and is the most common permanency outcome, with 49% of children placed in foster care ultimately reunifying (USDHHS, 2008), it is not always possible. Family reunification depends on a number of factors related to the child, the family and the service agency. For example, children whose reasons for initial placement in foster care include parental problems with alcohol and drugs are much more likely to reenter care following reunification (Brook & McDonald, 2009).

Adoption is an alternative strategy when reunification is not possible. With this, the legal rights of the biological parents are terminated and another family is found to provide stable and permanent housing and care for the child. The theoretical benefit of an adoptive family (over foster care in a family setting) is the youth's increased sense of stability and identity within a new family unit (Triseliotis, 1983). In many cases, adoption, like reunification, is not a possible solution to the permanency problem. Factors such as the age of the child or the presence of development disabilities may contribute to limited or no adoption placements. Furthermore, factors such as behavioral or mental problems in the child may contribute to the "breakdown" or ending of foster care placements that might have resulted in adoption.

In the absence of other timely options, long term foster care can often occur. The present review will examine two sets of issues. First, factors that predict children remaining in long term foster care rather than being adopted or reunified will be examined. Factors related to the child, family and context are considered. Second, outcome variables that are impacted by the experience of long term foster care are also examined. In particular, youths that “age out” or enter adulthood while in foster care are considered. Finally, in the concluding section of the report, several suggestions are made for limiting time in foster care and for offsetting the negative side effects of a lengthy stay in foster care.

Methodology

Literature was reviewed and acquired using the following search databases: Academic Search Premier, PsychINFO, and PsycARTICLES. Additionally, in using the World Wide Web, primarily Google, the following Child Welfare Research and Policy Organization websites were searched: Child Welfare Research Center (CWRC) (<http://cssr.berkeley.edu>), Child Welfare Information Gateway (www.childwelfare.gov), and American Humane Association (www.americanhumane.org). These databases were selected to locate peer-reviewed literature. The following search terms were used: *foster care, long term, predictors and outcomes*. Additionally, an iterative process was used in that the results or discussions from one search were used for further searches based on additional references or key words.

Findings

To begin, it should be noted that there is a relative lack of studies on the issue of long term foster care (Triseliotis, 2002). Certainly, there are numerous studies on reunification and re-entry into foster care, placement permanence and a variety of other issues related to foster care practice. However, less is known about the causes of and effects that are specific to being in foster care over an extended period of time.

Predictors

Child

Age. Previous studies have found an inverse relationship between length of stay in foster care and child's age at the time of placement (Barth, 1997; Rushton & Dance, 2003; Simmel, Brooks, Barth, & Hinshaw, 2001). That is, infants and young children are more likely to be adopted or reunited in a timely fashion and less likely to reenter foster care than older children and adolescents (Barth, 1997; Wells & Guo, 1999). Schmidt-Tieszen & McDonald (1998) found evidence that age of the child not only impacts the possibility of reunification and adoption but may also influence the nature of the permanency plan created. It may be that social workers are less likely to view adoption as a possibility for an older child or adolescent or because the older youth is still connected to his/her birth family, may not see adoption as a viable option. Therefore, the impact of child age may be multifaceted.

Ethnicity. Several studies have found that African American children are less likely to be reunified or adopted than Caucasian children and therefore more likely to remain in foster care (Barth, 1997; Becker et al., 2002; Wells & Guo, 1999). However, it should also be noted that African American children are more likely to be placed in kinship foster care (see discussion below), making this comparison somewhat difficult

(Beeman et al., 2000; Rittner, 1995). Additionally, one study found that Latino children had lower rates of parent child reunification than Caucasian children (Davis, Landsverk, & Newton, 1997).

Children's behavioral/mental health issues. Children who exhibit severe behavioral issues can be especially challenging and overwhelming to their birth parents and potential adoptive parents contributing to failed permanency attempts, multiple foster care placements and re-entry into foster care after reunification (Kimberlin et al, 2009). In addition to this, children with developmental disabilities are at increased risk of remaining in foster care. In fact, it has been suggested that children with developmental disabilities are a greater challenge to the foster care system than the children of substance abusers (Rosenberg & Robinson, 2004). For example, Baker (2006) found that within a sample of British children placed within the child welfare system, children classified as disabled were significantly less likely to be reunified with parents and also had to endure much longer delays before being reunited with parents. Becker, Jordan and Larsen (2007) found that children with a developmental disability were 3.5 times less likely to leave foster care than children without such a diagnosis. Also, children with developmental disabilities placed in foster care are much more likely to be placed in a residential facility, rather than family care, and are significantly less likely to reunify with parents.

Family

Poverty. Poverty can be a strong predictor for not achieving permanency (Jones, 1998). Wells and Guo (2003) found that loss of income, either from work or welfare, led to slower rates of reunification and thus lengthier periods in foster care. They suggest that changes in income led to increased familial stress, which then led to a lesser ability to attend to the reunification process.

Parental mental health/substance abuse. Parental mental health problems have been correlated with decreased probability of achieving permanence (Grella et al., 2009). Similar to poverty, challenges with mental health may prohibit the parent from engaging in the reunification process adequately and may lead to lengthier and repeated stays in foster care for the child. In regard to substance abuse, it is estimated that 60 to 75 percent of foster care cases involve substance abuse in some way (Young, Gardner, & Dennis, 1998). This may impact time in foster care because the timelines needed to address substance issues may be incompatible with permanency guidelines in the ASFA. Often, a caregiver who is in AOD recovery requires more time in order to provide a safe stable home for his/her child. This may hinder or eliminate the possibility of reunification. For example, in a California statewide prospective study, reunification was a goal for 44% of all cases. However, over half of these children were not reunified with their mothers who were participating in a substance recovery program (Grella et al, 2009).

It should be pointed out that there is also evidence that permanency goals and requirements do not necessarily put reunification out of reach for parents with substance use issues. Rockhill and colleague (2007) found that since the advent of the ASFA, the percentage of reunifications between families with AOD issues and their children (in Oregon) has not changed, suggesting that impetus toward permanence has not made reunification impossible for this population.

Contextual Factors

Type of foster placement. One influential factor related to the length of time in foster care is the nature of the placement itself. Out-of-home placements include kinship care, residential treatment centers, group homes and traditional foster care homes. Though evidence comparing each of these types is limited, a number of studies

show that kinship care is related to lower rates of reunification and adoption. Courtney (1994) found that kinship care led to slower reunification and speculated that this may be because group home or non-kin foster placements may cause social workers to feel that reunification is more urgent so as to minimize the negative effects of placement. Similarly, Connell and colleagues (2006) found that children placed in a non-relative foster care home experienced significantly higher rates of reunification than children in relative foster homes. However, evidence suggests that kinship care has the following advantages: continuity of family identity, continued access to other family members; continuity of racial, ethnic and religious identity; and caregiver's familiarity with the child's previous circumstances and family history (Hegar, 1999). Long term or permanent kinship placements have also been found to be more stable and successful (Goerge, 1990; Wulczyn & Goerge, 1992). Therefore, while kinship care may predict lengthier stays in foster care, it also may have benefits that are not related to the issue of permanency.

Outcomes

In this section, outcome variables related to the experience of long term foster care will be examined. Two populations will be considered: 1) youths who spend a lengthy period in foster care before being adopted or reunified and 2) adolescents who "age out" of the system. The latter group is of particular concern since approximately 20,000 young people enter adulthood directly from foster care each year (USDHHS, 2005). This number has increased by nearly 50% since 1995. Furthermore, adolescents comprise half of children in out-of-home care (USDHHS, 2005) with more than 250,000 in 2003. In the second half of this section, literature related to this population and the challenges they face entering adulthood from foster care will be considered. First,

outcome measures of children who achieve permanency after long term foster care are considered

Behavior problems. As mentioned previously, behavior problems can be predictive of lengthy stays in foster care, as biological family members and potential adoptive families struggle with these issues, resulting in re-entry into foster care or in the “breaking down” of potential adoption options. Behavior problems have also been shown to be caused by lengthy and transitory experiences in foster care (Fraser et al., 1996; Landsverk et al., 1996). During a longer stay in foster care, the youth may be exposed to more moves and transitions to new households and neighborhoods. The flux that results from these experiences may cause the child to “act out” in an effort to gain some sense of control of the situation (Leathers, 2006). Lengthier stays may also be indicative of ongoing problems in the biological family’s ability to achieve progress goals necessary to reunite with the child (Marsh, Ryan, Choi & Testa, 2006). The anxiety resulting from this uncertainty may manifest itself in externalizing behaviors such as aggression, delinquency and destructive actions.

On the negative influence of multiple placements, there is evidence that contextual factors can protect against this. For example, in a study of 12- and 13-year-olds from Illinois, Leathers (2006) found a relationship between number of placements and the existence and severity of behavioral problems. That is, youths with a greater number of placements were more likely to have problems. However, the degree to which youths were integrated into a foster home was protective against this negative relationship. That is, in cases where children with behavior problems could achieve a sense of belonging in their current foster home, the effect of multiple, unstable foster placements was mediated.

School Success. With unstable placements, children must not only adapt to new neighborhoods and households but also to new schools. Because of the uncertainty and potential impermanence of placements, children in long term foster care may suffer pervasive and serious educational problems. Previous research has found that children in foster care are more likely to have poor school attendance, low levels of educational performance and be suspended from school (Eckenrode, Rowe, Lairde, & Brathwaite, 1995; Harker et al., 2004; Zetlin et al., 2005). However, as in the case of behavior problems, there appears to be a potential protective effect for the sense of “belonging” that the child feels with his/her foster home and family. Fernandez (2008) found that the degree to which children felt that they got along with their foster family and felt comfortable with their living situation, academic progress was possible. She interpreted this as evidence of resilience on the part of the child.

Aging out. As discussed above, long term foster care is a particularly challenging and difficult issue for adolescents for several reasons. First, it is more difficult to find adoptive homes for older children and adults. Also, it may be that adoption is not compatible with the teen’s circumstances. For example, a teenager may not want to either reunify with the biological family or be adopted.

Given these circumstances, teenagers may be likely to age out or enter adulthood directly from foster care. Research on this topic shows that this group may face adulthood unsupported and unprepared to successfully meet its challenges. Furthermore, the severing of the connections to CWS may feel abrupt and frightening. After many years in CWS, leaving the system at age eighteen may feel very much like being abandoned (Rowe, 2005). Not surprisingly, newly emancipated teens have been found to be vulnerable to a number of negative outcomes such as unemployment,

homelessness, premature pregnancy, substance abuse and criminality (Courtney, Piliavan, Grogan-Kaylor, & Nesmith, 2001).

It should be noted that overall, the experience of foster care during the teen years has important theoretical and neuropsychological implications. Lengthy and/or repeated placements in foster care during the second decade of life have been consistently discussed as a concern for healthy development of adolescent cognitive and socioemotional functioning. The second decade of life is a time of great change and development in the frontal lobes (Siegel, 1999), a brain region involved in impulse control, abstract thinking, planning and the anticipation of consequences. Empirical evidence suggests that an inconsistent or unpredictable environment may contribute to problems in development in these areas (Blair, 2002). Therefore, the stress and uncertainty experienced in the foster care system may contribute to considerable and lasting changes in the brain (Lupien et al., 2007).

Recommendations

Given the evidence provided above, what policies and procedures might be put into place to 1) minimize time spent in foster care and, in cases where long term foster care is inevitable, 2) decrease the impact of negative effects on developmental outcomes.

In regard to the former point, the following suggestions are given:

1) Concurrent permanency planning

In regard to the former point, concurrent permanency planning may be an appropriate strategy. This refers to is a type of permanency planning in which reunification services are provided to the family of a child in foster care while other options, such as adoption, are pursued simultaneously (Katz, 1999). Empirical evidence suggests that concurrent permanency planning is a means of reducing the length of stay in foster care, thus reducing its negative effects (Kemp & Bodonyi, 2002).

In regard to minimizing the negative impact long term foster care, especially for older and soon-to-be emancipated teens, the following suggestions are given:

1) Family Finding

Given that a major problem with teens aging out of CWS is that they go into adulthood with perhaps little or no social support, one potentially viable strategy may be to find biological relatives of the child. This could be done in order to solidify relationship with other relatives in an effort to help the child develop and/or maintain a sense of identity within the family of origin and to provide the youth with a sense of social support. The creation and strengthening of weak or nonexistent connections between the youth and relatives can be a powerful tool in maximizing positive outcomes. Furthermore, evidence suggests that kinship care has the following advantages: continuity of family identity-- continued access to other family members; continuity of racial, ethnic and religious identity; and

caregiver's familiarity with the child's previous circumstances and family history (Hegar, 1999). Long term or permanent kinship placements have also been found to be more stable and successful (Goerge, 1990; Wulczyn & Goerge, 1992).

This strategy would require the following resources: 1) case workers would need to "mine" a case file for information regarding living and available relatives, 2) once potential kin have been identified, case workers will attempt to locate and contact them using search technologies on the internet, 3) in cases where family members would be willing to serve as caregivers for a dependent child or a mentor for an independent youth, some type of training and education should be provided to alert them to some of the risk factors of the situation and techniques and strategies that would help them to provide effective support for the youth. Additionally, such a strategy might also work in cases where the child is returned to the parents. In this circumstance, the relatives could provide additional support to the youth and the family as well as a more educated perspective on the situation.

2) Involvement of Older Youths in Permanency Planning

Given the risk factors and problems related to adolescents in the foster care system, it is important to choose permanency options that lead to more stable and beneficial outcomes for the youth. Increasingly, policy makers and researchers are suggesting that increasing the involvement of the teen in the permanency planning process is a critical tool in improving placement stability and improving developmental outcomes for the youth. Typically, during this process, the case worker holds meetings with the teen and important adults in his/her life. During this time, they work on identifying sources of support for the youth and build a potential network of adult resources.

3) Reintegration Services

Although typically utilized in cases of juvenile detention to help youths transition back to their families, this strategy may have broader significance for a variety of service areas. Typically, reintegration efforts utilize a strength-based approach rather than merely focusing on pathology. This strategy highlights one important obstacle to successful outcomes in foster care: the often abrupt nature of the transition from full time, residential care to independent living or a return to a family environment from which problems originated.

4) Independent Living Skills Training

As mentioned above, aged out adolescents have a much higher probability of becoming homeless, incarcerated or pregnant (Collins, 2001; Courtney, Terao, & Bost, 2004). A strategy that may provide be a better “tool kit” for adulthood would be a training intervention that provides effective living skills. Cook (1994) found that youths receiving skills training in the areas of financial management, education and employment had significantly better outcomes than controls. Similarly, Lindsey and Ahmed (1999) found that youth participating in an independent living program were more likely, after a period of three years, to still be living independently and managing their expenses than those who had not. Finally, Iglehart (1994) found that measures of independent living skills were correlated with better school performance and lack of mental health problems.

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